

**STUDENT INFORMATION WORKSHEET**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a driver's license?

☐ Yes ☐ No

Do you have your own vehicle?

☐ Yes ☐ No

Do you utilize the resource room

☐ Yes ☐ No

If yes, how has the resource room helped you?

Favorite Classes:

Least Favorite Classes:

List any sports or clubs you have participated in and the number of years:

What do you like to do in your free time? List any hobbies.

List any industrial arts (shop, mechanical, etc.) or business courses you have completed:

What kind of job are you thinking about pursuing after you graduate from high school?

What would be the best way for you to prepare for your job/career?

☐ 4 Years of College

☐ 2 Years of College

☐ On the Job Training or Apprenticeship

☐ Other: \_\_\_\_\_

Please list any jobs, work experience, and volunteer positions you have performed. Please list how long you performed each of them (i.e. 6 months, 2 years, 3 weeks, etc.)